

Utah Commercial HMO Performance Report

How to Compare HMOs

1999 Consumer Survey Results (CAHPS)
1998 & 1999 HMO Performance Measures (HEDIS)



From the Utah Department of Health and
Utah Health Data Committee
March 2001

Dear Consumers:

It is my pleasure to present the *Utah Commercial HMO Performance Report - How to Compare HMOs*. In this report, you will find valuable information on how well Utah commercial HMOs performed in providing quality care to Utahns. Specifically, this report looks at what members think about the services they received from HMOs and how Utah commercial HMOs performed in areas of access to routine and preventive care, such as well-child visits to primary care physicians.

In Utah, there are several commercial HMOs you can choose from. It is very important that you learn how HMOs perform and make an informed decision when selecting your own HMO. This report aims to give both consumers and employers information about the quality of Utah commercial HMOs. I hope that both consumers and employers will use this information when choosing an HMO for their family or business. HMOs can also use this report to identify areas in which they need improvement.

You have the right to receive high quality care from your HMO and your doctor. I hope that this report will help you select a health plan that best meets you and your family's health care needs.

We wish you good health.

Sincerely,



Rod Betit
Executive Director
Utah Department of Health

Acknowledgments

Utah Department of Health

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Special thanks to the Bureau of Managed Health Care and Division of Health Care Financing/DOH, Altius Health Plans, Inc., CIGNA Healthcare of Utah, Datastat, Inc., IHC Health Plans, Inc, Regence BlueCross BlueShield of Utah, and United Healthcare of Utah.

* This report is developed by Chung-won Lee and reviewed by participating HMOs and the UHDC members. For more information about this report, contact Chung-won Lee.
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Sources of Information

How was the information in this report collected?



This report is a collaborative effort among the Utah Health Data Committee, the Utah Department of Health, and Utah Health Maintenance Organizations (HMOs), including Altius, Cigna, Intermountain Health Care (IHC) Health Plans, Intergroup*, Regence BlueCross BlueShield of Utah (RBCBSU) Healthwise, and UnitedHealthcare. It reports the performance of Utah's commercial HMOs, such as how well these plans deliver important health care services and what members think about the services they receive. It aims to contribute to consumer awareness and to assist health plans to improve service and care. Both consumers and HMOs provided the performance information for this report.

Consumer Survey

Over 3,400 adult members in six Utah commercial HMOs completed telephone interviews in the Fall of 1999. The survey response rate was about 23%. Datastat, an independent survey company, conducted the interviews and delivered the data to the Office of Health Care Statistics for analysis.

The survey asked commercial HMO members about their experiences with their HMO and their medical care during the last twelve months. It asked about matters that members know best, such as "Was it easy to get care?" and "Did doctors explain things in a way you could understand?"

The survey questionnaire came from Consumer Assessment of Health Plans (CAHPS). CAHPS was developed by the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ), and has been used nationwide.

* purchased by Altius (Nov. 1999).
HEDIS data for Intergroup not available.



HMO Data (HEDIS)

Each HMO collects data from their medical and/or administrative records using a measuring tool called Health Plan Employer Data and Information Set (HEDIS). HEDIS measures are developed by the National Committee for Quality Assurance (NCQA), a not-for-profit organization that assesses, measures, and reports on the quality of health care provided by the nation's managed care industry. To assure the accuracy of the HEDIS measures, the plans must have their data verified by an independent NCQA certified auditor. For some measures, an HMO can choose to use administrative data only, instead of using a hybrid method that employs both administrative and clinical chart data. When only administrative data are used, the level of details in health care may be lost; therefore, a reported measure may not accurately reflect what was occurring.

In this report, HEDIS data for the 1998 and 1999 calendar years are presented. HEDIS measures include effectiveness of care, access/availability of care, satisfaction with the experience of care, the use of preventive health services, and cost of care. Specific measures in HEDIS include the percentage of children who received the recommended number of well-child visits, the percentage of women who started prenatal care in their first trimester of pregnancy, etc. In addition to preventive health measures, HEDIS includes measures for residency training and the percentage of those who have obtained board certification in their specialty area. Some measures may require data for two years such as breast cancer screening, eye exam for diabetic retinal disease, etc.; therefore, HMOs that have been operating for less than the required measurement period do not report data for such measures.

About HMOs

What are HMOs and how do they work?

What are HMOs and how do they work?

An HMO offers its members comprehensive health insurance through a network of selected hospitals and doctors in exchange for a prepaid premium. HMOs contract with certain doctors, hospitals, and other health care providers who work together to provide care to the members of the HMO.

Traditional fee-for-service insurance permits one to get care from any doctor or hospital but at higher out-of-pocket costs, while HMOs enrollees obtain care from doctors and hospitals that are part of the HMO's provider network at lower out-of-pocket costs than fee-for-service.

Enrollees of an HMO usually need to choose a Primary Care Physician (PCP) from the network, who takes care of most of the patient's medical needs. To go to a specialist, enrollees usually need a referral from their PCP.



How do you choose your HMO?

HMOs vary as to the quality of care they provide, which doctors and hospitals they have in their network, which benefits they offer, and the cost of care. Therefore, it is important for consumers to learn about such differences and make an informed decision when choosing an HMO.

Addressing the following questions can help you choose the health plan that best meets your needs:

1. Which HMOs are available in your county?
2. Are your doctor and other health care providers available in the HMO?
3. How well does the HMO perform in areas most important to you?
4. Does the HMO offer the benefits you need?
5. How much will the HMO cost you? (Consider both monthly premiums and out-of-pocket expenses such as copayments, coinsurance and deductibles)

You can use this report, along with other information available from your employer or from HMOs, to choose the best HMO for you.

Which HMOs can you choose from?

(See page 6 for HMOs available in each county.)

Operating **commercial** HMOs in Utah (as of December, 2000)

Altius

Cigna

Educators Care Plus

IHC Health Plans

Regence BlueCross BlueShield of Utah (RBCBSU)

UnitedHealthcare of Utah

University of Utah Health Network

To get additional information about the HMOs you are interested in joining, you can call the telephone numbers listed on the back cover.

Facts about Utah Commercial HMOs



	Altius	Cigna	IHC	RBCBSU Healthwise	UnitedHealthcare
	Box Elder/Cache/ Carbon/Davis/Juab ^{1/} Morgan/Salt Lake/ Sanpete ^{2/} Summit/ Tooele/Uintah/Utah/ Wasatch/Weber	Box Elder/Davis/ Emery/Juab/Millard/ Morgan/Salt Lake/Sanpete/ Sevier/Summit/Tooele/ Utah/Wasatch/Weber	IHC Care: all Utah counties IHC SelectMed: Beaver/Box Elder/ Cache/Davis/Duchesne/Garfield/ Iron/Juab/Millard/Morgan/Piute Salt Lake/Sanpete/Sevier/Summit/ Tooele/Utah/Wasatch/Weber/ Wayne**	Salt Lake/Weber/Davis/ Box Elder/Cache/Morgan/ Summit/Wasatch/Utah/ Tooele	All Utah counties except Piute
Monthly enrollment in January, 2000	62,382	64,000	393,465	11,879	137,338
Annual disenrollment rate	37.7%	33.6%	NR	40.7%	27.0%
Primary Care Providers who have completed their residency*	97.5%	NR	85.5%	NR	97.1%
Primary Care Providers who have completed board certification*	81.6%	75.3%	92.3%	NR	84.8%
Obstetricians/gynecologists who have completed their residency*	100.0%	NR	87.0%	NR	100.0%
Obstetricians/gynecologists who have completed board certification*	89.1%	81.3%	83.4%	NR	87.9%
Pediatricians who have completed their residency*	100.0%	NR	93.2%	NR	95.7%
Pediatricians who have completed board certification*	100%	57.6%	86.4%	NR	82.9%

* HEDIS looks at the percentage of doctors in an HMO who have completed their training (residency completion) and the percentage who are board certified in their specialty (board certification). Residency and/or fellowship training comprises the necessary postgraduate medical education to qualify for board certification. Board certification tells what percent of HMO physicians have obtained board certification. There are valid reasons why doctors may not be board-certificated and board certification alone is not a guarantee of quality. Nevertheless, it provides a basic floor established by standardized specialty competency testing.

**As of September 2000, the following zip codes are NOT part of the SelectMed Service Area: 84313, 84329, 84712, 84716, 84717, 84718, 84726, 84736, 84759, 84764, 84776, 84022, 84034, 84069, 84083, 84734.

NR: Not Reported

Source: 2000 HEDIS, Managed Health Care Information (Utah Hospitals & Health Systems Association, June 2000), and also reported by Altius, Cigna, IHC, RBCBSU, and UnitedHealthcare.

How to read this report

The information in this report is based on a 1999 survey of Utah commercial HMO members conducted by the Utah Department of Health and HEDIS information from HMO members' medical and administrative records for calendar year 1998 and 1999. Each performance measure is reported in two ways, in a star table and a bar graph.

Star tables

Tables with stars summarize Utah commercial HMOs' performance and show how the HMOs compare to the statewide average.

Stars compare each HMO's score to the average for Utah commercial HMOs. Three stars indicate that an HMO's performance on a particular measure is significantly above the state average, while one star shows that an HMO's performance on particular measure is significantly below the state average. Two stars indicate that an HMO's performance on a particular measure is not significantly below or above the state average.

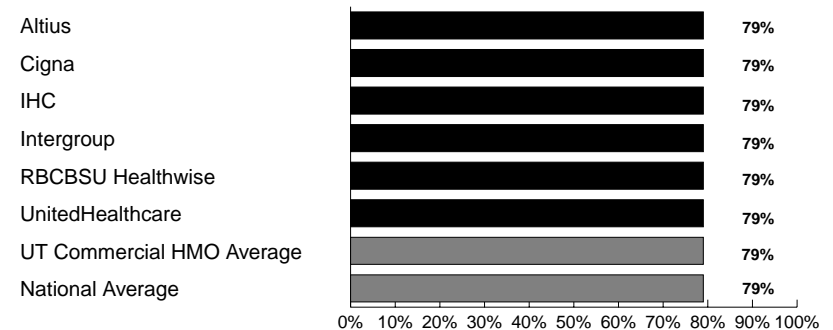
Performance Compared to the Average

- ★★★ **Higher.** HMO score is above the average for Utah commercial HMOs.
- ★★ **Average.** HMO score is neither higher nor lower than the Utah commercial HMO average.
- ★ **Lower.** HMO score is below the average for Utah commercial HMOs.

Technical Note: The Utah commercial HMO averages are adjusted by each plan's market share in order to reflect the substantially different number of enrollees across HMOs. In addition, the survey data in this report are adjusted by members' age and health status distribution for each HMO. In other words, the analysis of the survey results assumes that members' age and health status in all participating HMOs are evenly distributed. Ninety percent confidence intervals for each HMO's measures are used to compare with Utah commercial HMO average.

Bar graphs

Bar graphs show each HMO's actual scores for each measure*. Bar graphs like the one shown below display the percentage of HMO members who responded positively to a performance measure. The two bars at the bottom of each graph report the average for all participating Utah commercial HMOs and the nation.**



* Each performance measure derived from the consumer survey includes one to four questions related to the topic. The star tables and bar graphs reflect the overall evaluation of all related questions for each topic. The specific questions pertaining to each topic are presented in the following pages.

** The national average is based on nationwide participating HMOs in NCQA reporting and published in NCQA 1999 and 2000, "The State of Managed Care Quality."

HMO Access and Services

Do clients have access to the care and services they need?



Stars compare each HMO's score to the average score for Utah commercial HMOs and show differences among HMOs. Three stars mean a higher-than-average performance. If all HMOs have two stars, all HMOs' performance on the topic is about the same. Just because an HMO has one star does not necessarily mean its overall performance is substandard. Graphs on the next page show scores for each plan on these topics.

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HMO

Rating of
HMO

Getting
needed care

Getting care
quickly

Customer
service

Altius

★

★★

★★

★

Cigna

★

★

★★

★

IHC

★★★

★★

★★

★★★★

Intergroup

★

★★

★★

★

RBCBSU Healthwise

★★

★★

★★

★★

UnitedHealthcare

★★

★★

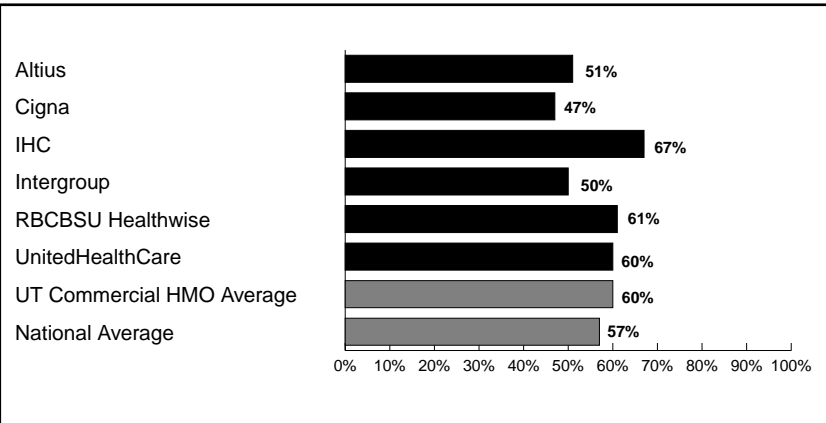
★★

★★

HMO Satisfaction Survey (1999)

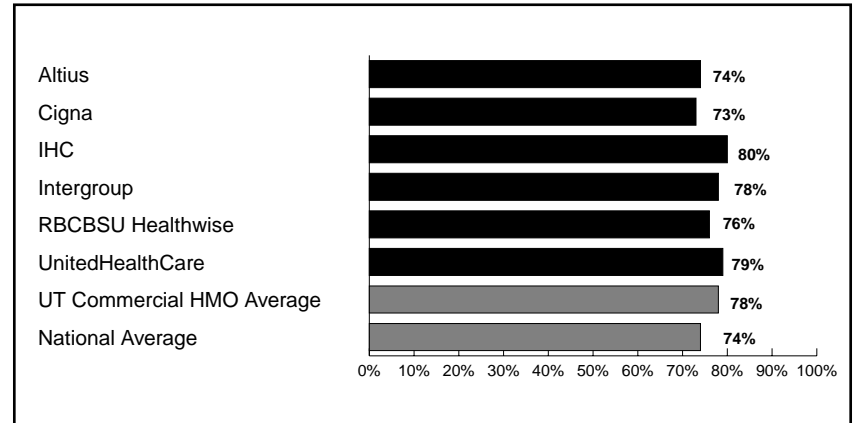
Rating of HMO

The graph below shows the percentage of people who rated their HMO as 8, 9, or 10 on a 0 to 10 point scale, with 10 being the best.



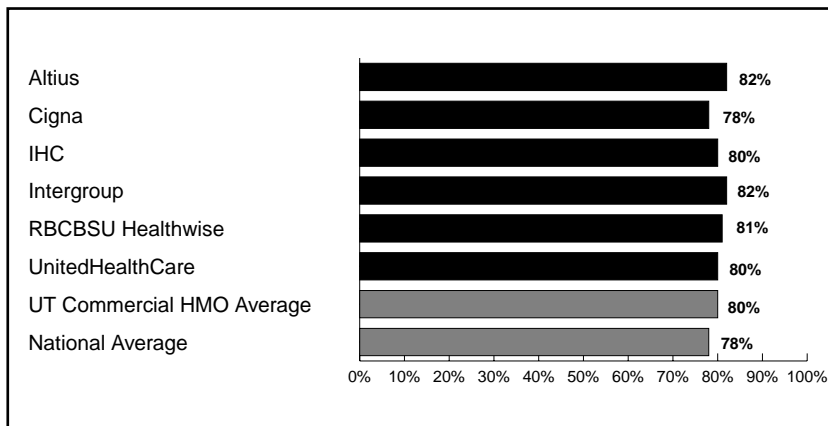
Getting needed care

The graph below shows the percent who responded “not a problem” when asked about getting: 1-a personal doctor they are happy with, 2-a referral to see a specialist, 3-necessary care, and 4-timely approvals for care.



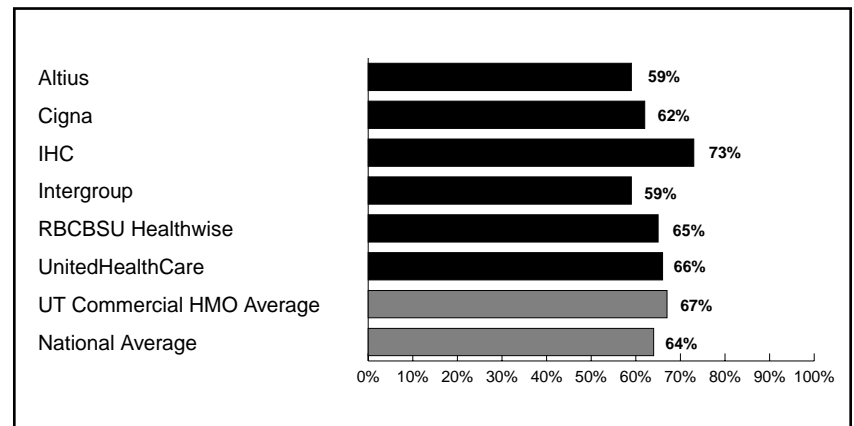
Getting care quickly

The graph below shows the percent who responded “always” or “usually” when asked about getting: 1-advice, 2-timely care for illness/injury, 3-timely appointments, and 4-responded “never” or “sometimes” to waiting over 15 minutes past their appointment time.



HMO customer service and information

The graph below shows the percent who responded “not a problem” when asked about: 1-getting needed help from customer service, 2-finding or understanding written HMO information, and 3-filling out forms.



Source of National Average: NCQA. 2000. “The State of Managed Care Quality.” NCQA Website: www.ncqa.org

Doctors and Medical Care

Are Clients satisfied with their doctors and other health care providers?



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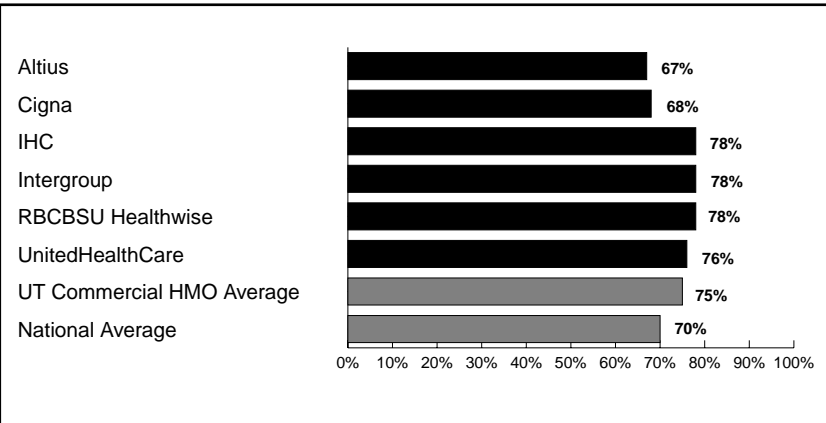
HMO

	Rating of health care	Rating of personal doctor/nurse	Rating of specialist seen most	How well doctors communicate	Courtesy/respect/helpfulness of office staff
Altius	★	★★	★★	★★	★★
Cigna	★	★	★★	★★	★★
IHC	★★	★★	★★	★★	★★
Intergroup	★★	★★★★	★★	★★	★★
RBCBSU Healthwise	★★	★★	★★	★★	★★
UnitedHealthcare	★★	★★	★★	★★	★★

HMO Satisfaction Survey (1999)

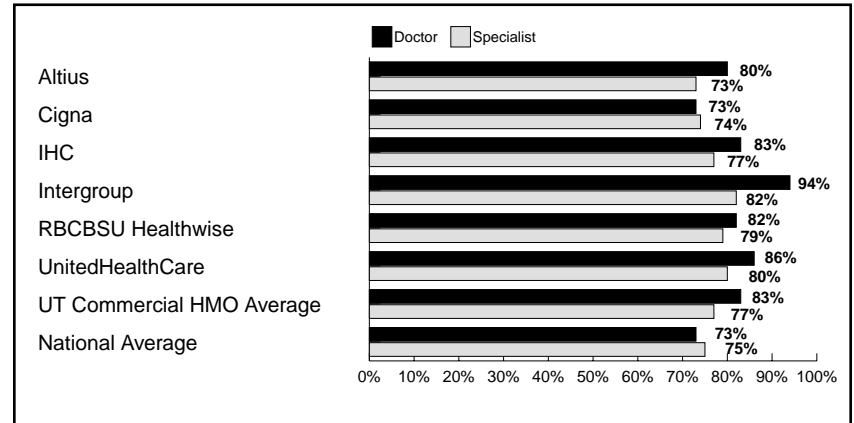
Rating of health care

The graph below shows the percentage of people who rated their health care as 8, 9, or 10 on a 0 to 10 point scale, with 10 being "best health care possible."



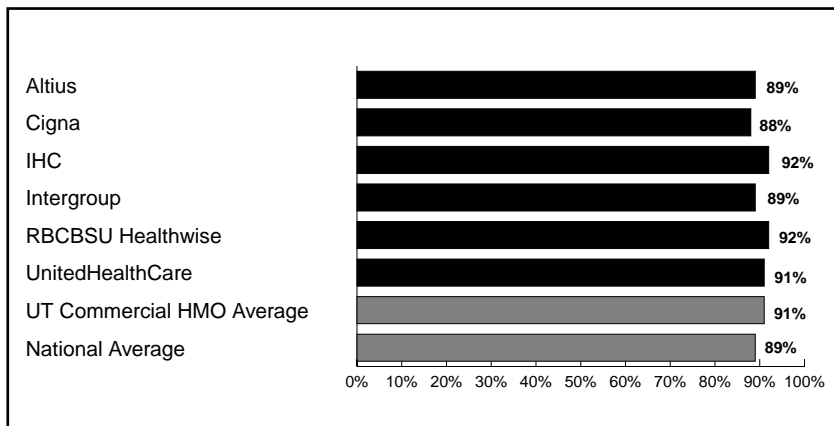
Ratings of personal doctor/nurse & specialist

The graph below shows the percentage of people who rated their: 1-personal doctor or nurse and 2-the specialist seen most often as 8, 9, or 10 on a 0 to 10 point scale, with 10 being the best.



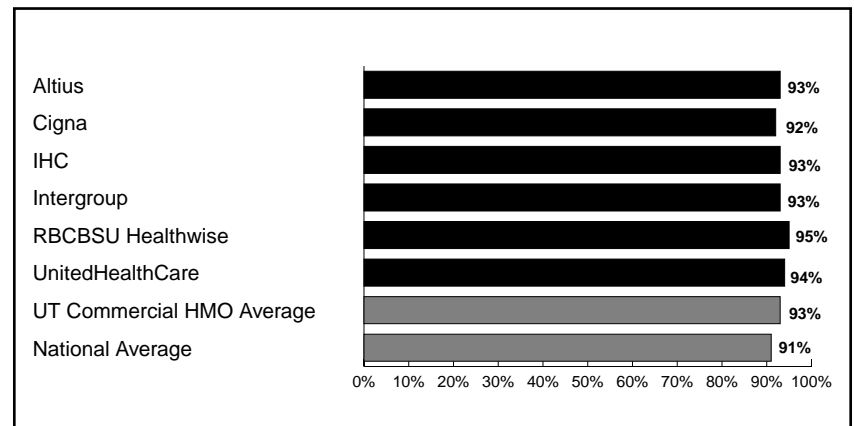
How well doctors communicate

The graph below shows the percentage of people who responded "always" or "usually" when asked about their doctor: 1-listening carefully, 2-explaining things clearly, 3-showing respect, 4-spending enough time with them.



Courtesy, respect, and helpfulness of medical office staff

The graph below shows the percentage of people who responded "always" or "usually" when asked if office staff: 1-treated them with courtesy and respect, and 2-were as helpful as they should be.



Source of National Average: NCQA. 2000. "The State of Managed Care Quality." NCQA Website: www.ncqa.org

Prenatal Care & Childbirth


Does the HMO help women monitor their pregnancy?



Stars compare each HMO's score to the average score for Utah commercial HMOs and show differences among HMOs. Three stars mean a higher-than-average performance. If all HMOs have two stars, all HMOs' performance on the topic is about the same. Just because an HMO has one star does not necessarily mean its overall performance is substandard. Graphs on the next page show scores for each plan on these topics.

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 HMO	Prenatal care started in first trimester		Check-ups for new mothers		Cesarean section delivery rate**		Vaginal birth after Cesarean Section***	
	1998	1999	1998	1999	1998	1999	1998	1999
Altius	★	★	★	★	☆☆	☆☆	★★★	★★
Cigna	★	★★	★	★	☆☆☆	☆☆	★	★★
IHC	★★★	★★★	★★★	★★★	☆	☆☆	NR	★★
RBCBSU Healthwise*	NA	★	NA	★	NA	☆☆	NA	★★
UnitedHealthcare	★★	★★	★★	★	☆☆☆	☆☆	★	★★

NR is not reported: The HMO did not calculate the measure even though a population existed for which the measure could have been calculated, or the calculated measure may not have been reliable.

* **NA** is not available: The 1998 HEDIS measures for **RBCBSU** are not presented in this report due to the incompleteness of the data.

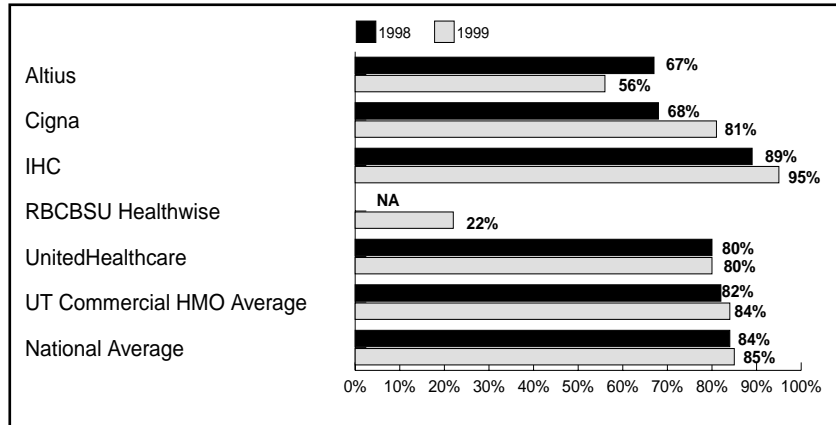
** Cesarean sections can be lifesaving for mother or baby when performed appropriately. However, C-sections result in longer hospital stays, recovery times, and higher costs. It should not be used solely for the convenience of doctor or patient. High C-section rates can indicate unnecessary procedures are being performed and should prompt further investigation to determine if that is true. Since stars for this measure do not have the same meaning as in the other measures, a different color is used here.

*** Vaginal birth after a cesarean section is encouraged by medical experts.

HEDIS (Calendar Year 1998, 1999)

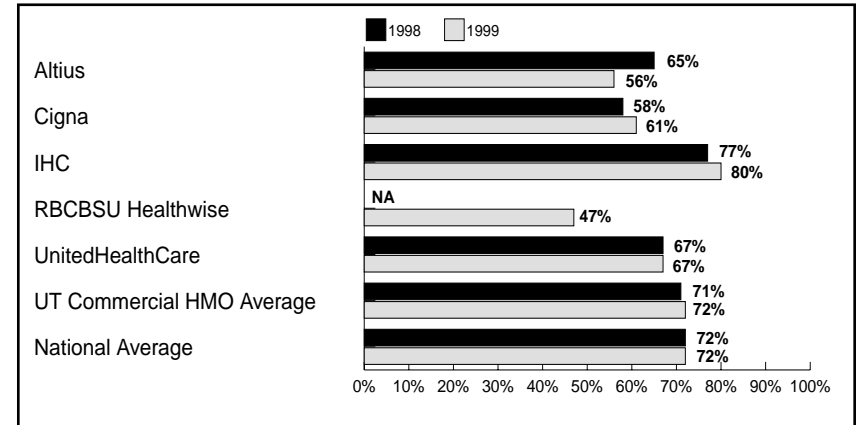
Early prenatal care for pregnant women

Early prenatal care contributes to having a healthy baby. For current members, the percent of women who had their first prenatal visit during the first 13 weeks of pregnancy is shown in the graph below. For new members enrolling when already pregnant, the graph shows the percent who began prenatal care within 6 weeks of enrollment.



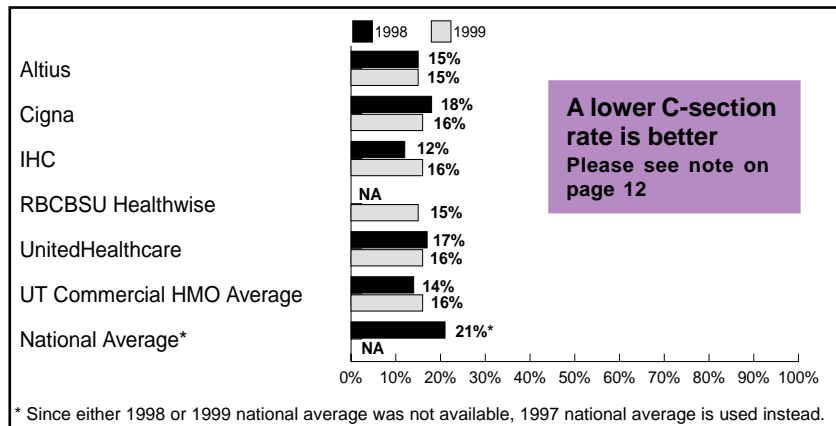
Check-ups for new mothers

During a visit, providers can check a new mother's recovery from child-birth and answer any questions. The graph below shows the percentage of new mothers who received a check-up within eight weeks after delivery.



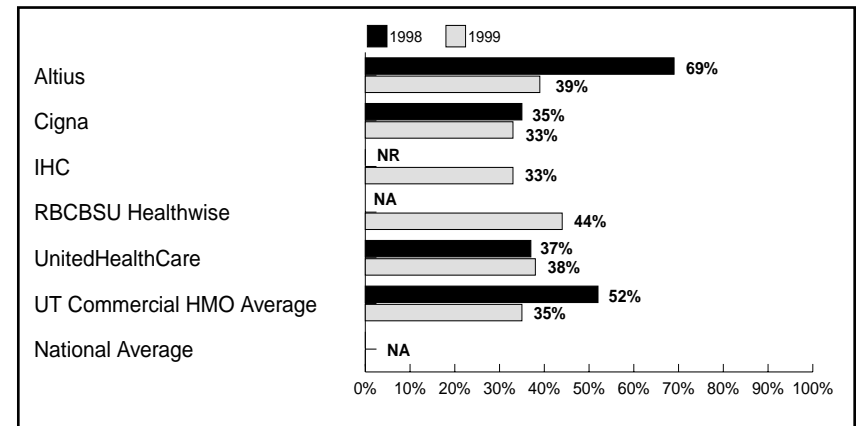
Cesarean section delivery rate

Like all surgeries, Cesarean section deliveries require longer recovery times than vaginal deliveries, and complications are more common with babies born by C-section. The graph below shows the percentage of births delivered by C-section, a procedure for surgical delivery.



Vaginal birth after cesarean section

The graph below shows the percentage of vaginal births after previously having a C-section.



Source of National Average: NCQA. 1999 & 2000. "The State of Managed Care Quality." NCQA Website: www.ncqa.org

Preventive Health Care


Does the HMO promote preventive health care?



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 HMO	Breast cancer screening		Cervical cancer screening		Eye exams: people with diabetes		Adult access to preventive/ ambulatory services (age:20-44)	
	1998	1999	1998	1999	1998	1999	1998	1999
Altius	★★	★★	★★	★★	★	★	★	★
Cigna	★★	★★	★	★	NR	★★	★★★	★★
IHC	★★	★★	★★	★★	NR	★★★	★★★	★★
RBCBSU Healthwise*	NA	★	NA	★	NA	★	NA	★★
UnitedHealthcare	★★★	★★	★	★	★★	★	★	★★

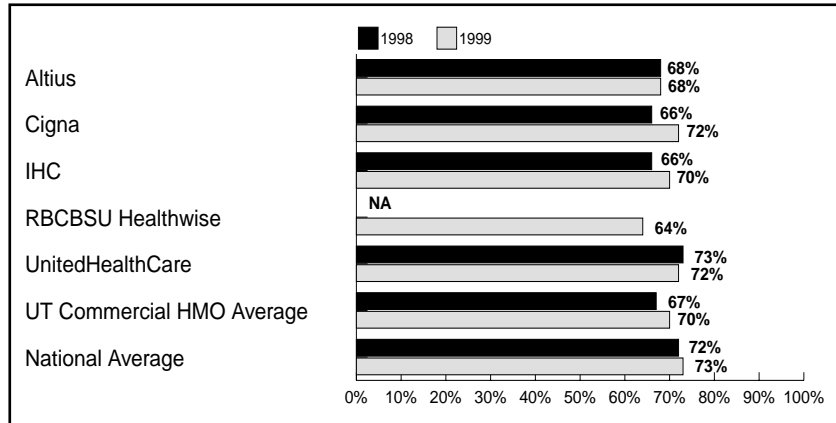
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HEDIS (Calendar Year 1998, 1999)

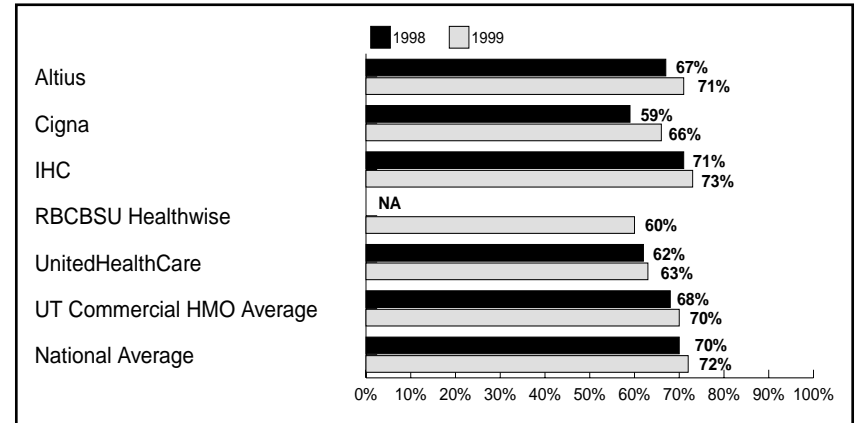
Breast cancer screening

When breast cancer is discovered early, women have more treatment choices and better chances for survival. The graph below shows the percentage of women ages 52-69 who had a mammogram within the past 2 years.



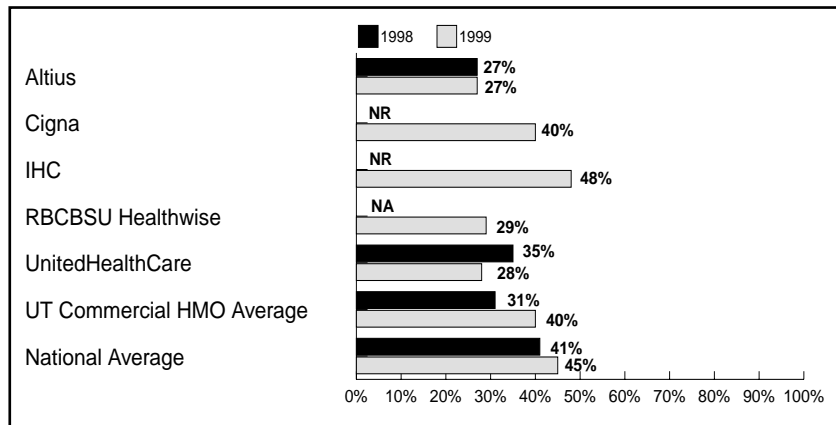
Cervical cancer screening

Deaths from cervical cancer are significantly reduced by early detection through a Pap test to find cervical cancer. The graph below shows the percentage of adult women who had a Pap test within the past 3 years.



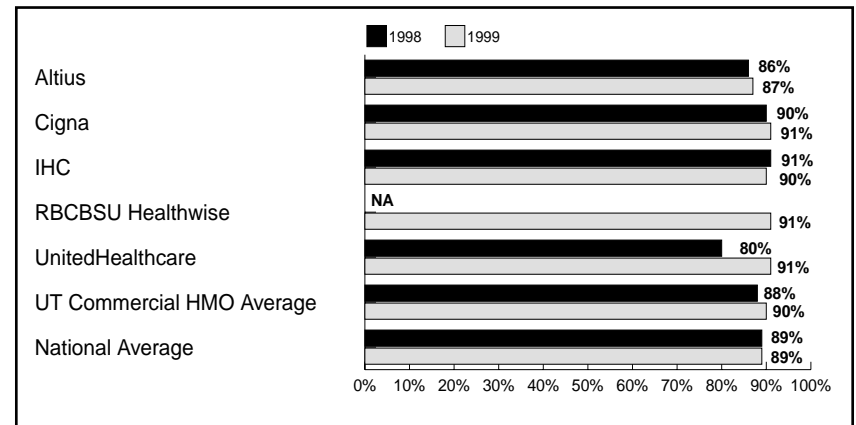
Eye exams for people with diabetes

Blindness from diabetes can be reduced with early detection through eye exams. The graph below shows the percentage of members with diabetes who received an eye exam in the past year.



Adult's access to preventive/ambulatory services: 20-44 years

Access to care implies that care is available, patients know of its availability, and they know how to obtain services when needed. The indicator of access used here is the percentage of adults who received preventive or ambulatory (walk-in) care. For this measure, adults are ages 20-44.



Source of National Average: NCQA. 1999 & 2000. "The State of Managed Care Quality." NCQA Website: www.ncqa.org

Care for Children & Adolescents

How well does the HMO care for children and teens?




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 HMO	<u>Well-child Visits</u>				Adolescent (ages 12-21) well-care annual visit		Immunization status by age 2	
	0-15 months, 6 or more visits		3-6 years, annual visit		1998	1999	1998	1999
	1998	1999	1998	1999				
Altius	★	★	★	★	★	★	★	★
Cigna	★★	★	★★	★★	★★	★	★	★
IHC	★★★	★★★	★★	★★	★★★	★★	★★★	★★★
RBCBSU Healthwise*	NA	★	NA	★★	NA	★	NA	★
UnitedHealthcare	★★★	★	★★	★★	★	★	★★	NR

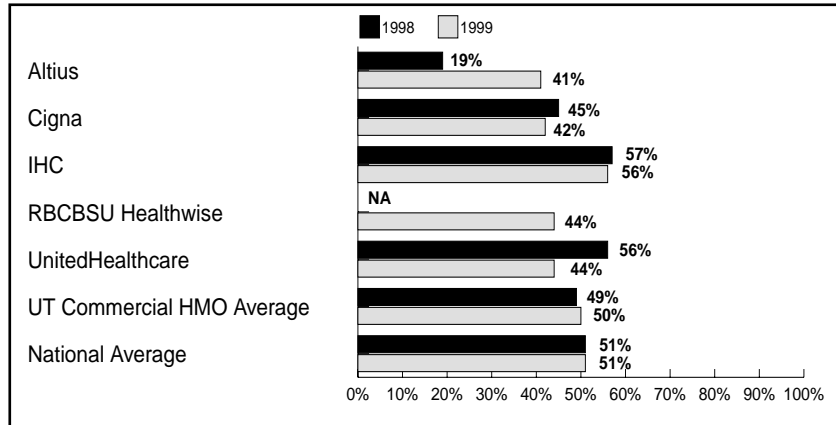
* **NA** is not available: The 1998 HEDIS measures for **RBCBSU** are not presented in this report due to the incompleteness of the data.

NR is not reported: The HMO did not calculate the measure even though a population existed for which the measure could have been calculated, or the calculated measure may not have been reliable.

HEDIS (Calendar Year 1998, 1999)

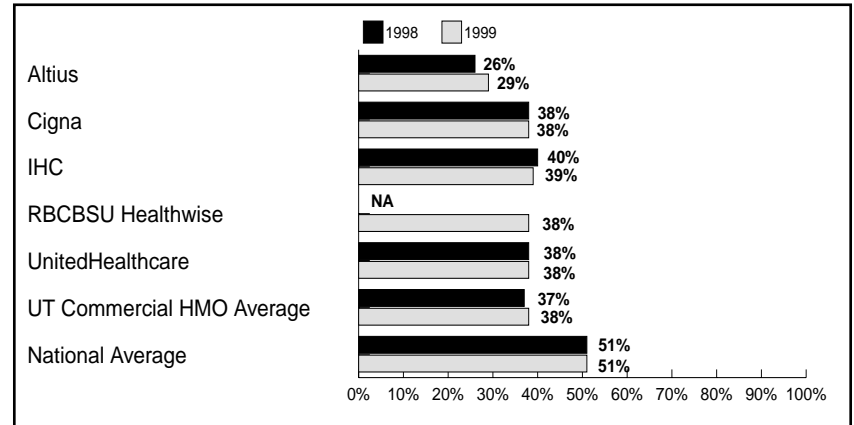
Six+ well-child visits for 0-15 month-old infants

Regular check-ups are one of the best ways to detect physical, developmental, behavioral, and emotional problems. Guidance and counseling to parents can also be given during the check-up. The graph below shows the percentage of 0-15 month old infants who had 6 or more well-child visits each year.



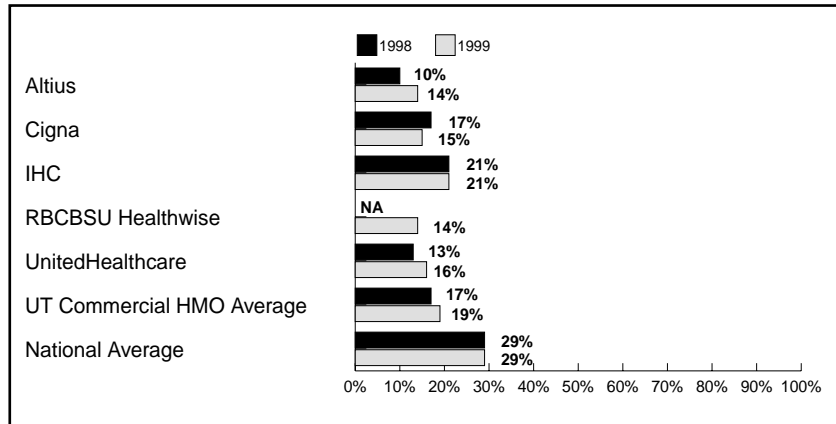
One well-child visit per year, ages 3-6

It is important to detect vision, speech, and language problems early. Intervention can improve communication skills and avoid or reduce learning problems. The graph below shows the percentage of children, ages 3-6, who had at least one well-child checkup each year.



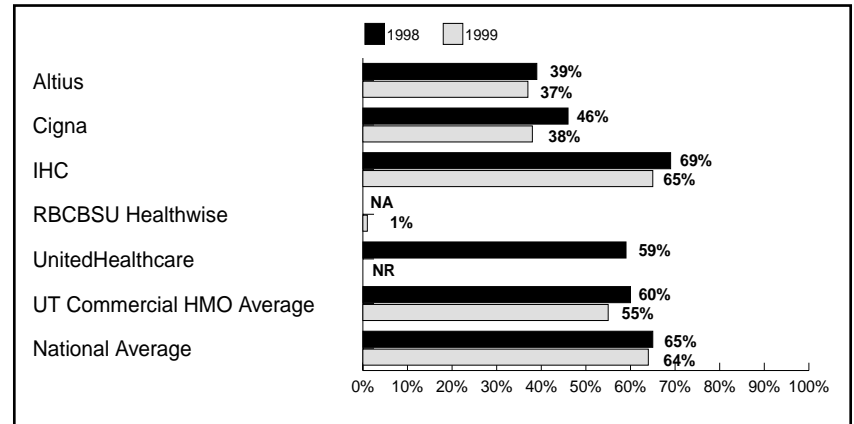
One well-care visit per year, ages 12-21

A well-care visit provides preventive health care that looks at physical, emotional, and social aspects of health. The graph below shows the percentage of adolescents, ages 12-21, who had at least one such visit each year.



Immunizations for children, by age of 2

Immunizations prevent childhood diseases such as polio, measles, mumps, rubella and whooping cough. The graph below shows the percentage of children who received recommended immunizations by age two.



Source of National Average: NCQA. 1999 & 2000. "The State of Managed Care Quality." NCQA Website: www.ncqa.org

About the People Surveyed



		Altius	Cigna	IHC	Intergroup	RBCBSU Healthwise	United Healthcare	UT Commercial HMO Average
People's overall health status now	Excellent	22%	26%	29%	28%	25%	29%	27%
	Very good	35%	45%	42%	42%	43%	39%	41%
	Good	32%	24%	24%	24%	27%	27%	26%
	Fair	8%	4%	5%	4%	5%	5%	5%
	Poor	2%	1%	1%	1%	0%	1%	1%
Age of survey respondents	17-24	7%	8%	9%	8%	10%	5%	8%
	25-34	19%	29%	27%	22%	30%	18%	25%
	35-44	26%	31%	31%	31%	29%	32%	30%
	45-54	24%	19%	18%	23%	20%	29%	21%
	55-64	17%	12%	14%	13%	9%	14%	14%
	65 or older	7%	2%	1%	3%	1%	2%	2%
Gender of respondents	Male	52%	49%	47%	51%	46%	59%	49%
	Female	48%	51%	53%	49%	54%	41%	51%
Education of respondents	8th grade or less	1%	0%	1%	3%	1%	1%	1%
	Some high school,did not graduate	2%	3%	3%	4%	3%	3%	3%
	High school graduate or GED	30%	30%	27%	35%	29%	23%	28%
	1-3 years of college	38%	35%	37%	29%	40%	34%	36%
	4 year college graduate	18%	22%	21%	20%	19%	24%	21%
	More than 4 year college degree	12%	11%	11%	8%	8%	16%	11%
Race/ ethnicity of respondents	White	89%	90%	92%	87%	90%	93%	91%
	Black	1%	0%	0%	0%	1%	1%	1%
	Asian	2%	3%	1%	1%	2%	1%	2%
	Indian/Native American	1%	1%	1%	2%	1%	1%	1%
	Non-white Hispanic/Latino	6%	5%	4%	6%	4%	4%	4%
	Other/unknown	2%	2%	1%	2%	2%	1%	2%

Use of Health Care Services



		Altius	Cigna	IHC	Intergroup	RBCBSU Healthwise	United Healthcare	UT Commercial HMO Average
Length of coverage by a commercial HMO	1 year	27%	16%	13%	14%	24%	18%	17%
	2-4 years	36%	52%	57%	78%	51%	59%	55%
	5-9 years	19%	24%	22%	7%	17%	20%	20%
	10 or more years	14%	8%	8%	1%	6%	3%	7%
Has a personal doctor/nurse	% yes	82%	81%	84%	74%	81%	68%	80%
Number of visits to a doctor/clinic in last 12 months	None	16%	19%	19%	26%	20%	22%	20%
	1-2 times	33%	33%	40%	39%	38%	44%	38%
	3-4 times	23%	24%	20%	17%	17%	17%	20%
	5- 9 times	15%	15%	12%	12%	15%	11%	13%
	10 or more times	12%	9%	8%	5%	9%	7%	8%
Emergency room visits, last 12 months	None	58%	62%	61%	59%	56%	60%	60%
	1-2 times	35%	33%	35%	39%	38%	39%	36%
	3 or more times	6%	5%	4%	2%	5%	2%	4%
Customer Service	Called HMO Customer Service	51%	62%	43%	48%	49%	43%	47%

Getting more information by phone



HMO	Customer Service
Altius	1-800-377-4161
Cigna	1-800-245-2471
IHC	1-800-538-5038
RBCBSU Healthwise	1-800-624-6519
UnitedHealthcare	1-800-824-9313

Utah Insurance Department (call if you have insurance questions)

if you are in Salt Lake City area	538-3805 M-F, 8-5
from all other areas (toll free)	1-800-439-3805 M-F, 8-5
TDD (hearing disabled) phone number	1-801-538-3826 M-F, 8-5
Fax Number	1-801-538-3829

Mental Health Services

Davis County (Davis Mental Health)	1-801-451-7799
Bountiful Outpatient Clinic(24 hrs)	1-801-298-3446
Layton Outpatient Clinic (24 hrs)	1-801-773-7060
Salt Lake County (Valley Mental Health)	1-801-263-7100
North Valley Clinic	1-801-539-7000
West Valley Clinic	1-801-967-4405
South Valley Clinic	1-801-566-4423
East Valley Clinic	1-801-264-2315
24 Hour Crisis Line	1-801-483-5444
Utah County (Wasatch Mental Health)	1-801-373-4760
24 Hour Crisis Line	1-801-373-3793
Weber County (Weber Mental Health)	1-801-625-3700
24 Hour Crisis Line	1-801-625-3700

Utah Department of Health

Check Your Health Hotline (Health-related information and referral):	1-888-222-2542 M-F, 8 - 5
Baby Your Baby Hotline (Prenatal and child health care information):	1-800-826-9662 M-F, 8 - 5
CHIP (Children's Health Insurance Program)	1-888-222-2542 M-F, 8 - 5
Immunize by Two	1-800-275-0659 M-F, 8 - 5